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CONFIRMATION NO. 9771

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10/774,828	07/06/2004 RULE	606	3775	2821

APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
05/07/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and III/ Acknowledged	/JAMES L SWIGER Examiner's Signature	Initials	CT	10	18	3

ADDRESS

Tyco Healthcare Group LP
 60 MIDDLETOWN AVENUE
 NORTH HAVEN, CT 06473
 UNITED STATES

TITLE

Instrument kit and method for performing meniscal repair

FILING FEE RECEIVED 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees
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